

Dear CrossFit Kids' Parent,

Thank you for allowing your child to be a part of the CrossFit Kids program at 802 CrossFit! Since 2004, CrossFit Kids has been Forging the Future of Fitness in gyms world-wide. CrossFit Kids is a strength and conditioning program that is specially designed for kids and teenagers that helps develop a lifelong love of fitness. In a group setting, children and teens participate in fun and engaging workouts that deliver measurable results and prepare them to be well-rounded athletes and individuals. With a network of over 2,000 CrossFit Kids Trainers, the CrossFit Kids program is now being implemented in pre-school, high schools, after-school programs and Physical Education curriculums.

I wanted to take this opportunity to formally introduce myself and to set some policies and procedures for the safety of your child and the efficacy of their CrossFit experience.

My name is Tarken Chase. Along with my wife, Sara, we own 802CrossFit, located in Essex Junction. I am a CrossFit Level I Trainer, CrossFit Kids Trainer, Certified Sport and Conditioning Coach and Personal Trainer. I have been coaching fitness to individuals and teams across all levels for over 13 years. It is my goal to provide the best possible fitness program, in the safest manner to each individual that walks through our doors. At 802CrossFit, fitness is personalized; tailored to meet individual needs and goals. Again, I thank you for choosing CrossFit Kids to be a part of your child's lives! Please do not ever hesitate to contact me or Sara with any questions you may have!

As previously stated, your child's safety is paramount to the coaches, and it is with this focus I need your help. Below are some rules that we must enforce as a CrossFit Community to best protect your child; please:

1. Walk your children inside of the building or directly over to the coach at the start of class, and walk into the building or to the group when picking your child up.
2. Unless pre-arranged with the head coach, the children are only allowed to go home with the person dropping them off.
3. Immediately notify the head coach if you see anyone in the parking lot or gym who does not belong there.
4. A waiver, signed by a parent or legal guardian, is required for each child before he or she is allowed to participate in a class.
5. Ensure your child has a bottle of water, or a bottle that can be filled at the gym with their name on it.
6. Ensure your children are wearing clothes appropriate for running, jumping, rolling, pulling, swinging climbing etc. etc. As well as providing a change of clean shoes in the winter months.
7. If you choose to stay and watch the class (which is always welcomed) please do not coach your child.
8. Children with disciplinary problems: first warning is free of consequence, second warning, must sit out first two minutes of the game, third warning the child is sent to the parent.
9. Finally, please make sure the head coach is aware of any special needs for your children that may facilitate their individual safety, learning and growth (i.e. medications, illnesses, physical/mental limitations, injury etc.)

I look forward to getting to know all of you personally and training your children to the utmost of my ability. If you have any questions, comments, problems or concerns, please don't hesitate to contact me.

Thank you!

Tarken Chase

What information do I/we need to know so that I/we may provide the best care for your child?

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Parent/Guardian**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/Guardian II (if different from above):**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

**Pick-Up Consent**

The following individuals have my consent to pick-up my child from 802CrossFit:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Photo Release**

I hereby give permission for images of my child, captured during regular and special activities, through video, camera and digital camera to be used solely for the purposes of CrossFit publications and website and waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the internet or website.

Name of Minor: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# 802CROSSFIT KIDS

16B Morse Drive Essex Junction, Vermont 05452

## CONSENT AND LIABILITY WAIVER:

Child's Name: \_\_\_\_\_

I \_\_\_\_\_ (print full name) hereby give my child permission to participate in fitness classes taught by Tarken Chase, Sara Franco, and/or any authorized employees of 802 CrossFit LLC and agree to the following terms.

### RISK FACTOR:

By participating in a fitness class or any related class, there are risks, injuries (minor to permanent) that can be the result of my child's actions, the actions or interactions of others or a combination of both and will be at my child's own expense. By signing this waiver, I consent for my child to participate at their own risk. I consent to allow them to participate acknowledging all the foregoing risks and I hold harmless, waive and release 802 CrossFit LLC, its officers, directors, employees, sub-contractors and property owners from any responsibility, liabilities, demands or claims of any kind arising out of my child's participation in this or affiliated events. I acknowledge that my child is physically fit and mentally capable of participating in physical activity or any services provided at the designated lease location.

### CLASS RULES AND REGULATIONS:

I understand and have made it clear to my child that any rules and regulations are designed for the safety and protection of participants and I hereby undertake both myself and child to abide by these rules and regulations. I also understand that certain activities require a minimum level of fitness for safe participation. I understand is my responsibility and the responsibility of my child to let the coaches know if I or they ever feel unable to participate due to injury, illness, or any other reason.

### CLIENT CONFIDENTIALITY:

Because the clinic/studio is open for business and may have additional clients being held during scheduled appointment time, I agree to maintain confidentiality relating to any individual who may be on site at the same time I am. In the event I know someone, or over-hear during a workout session, by signing this waiver, I will agree to use discretions and not discuss with anyone on the outside any information personal or medical in nature.

### SURVEILLANCE:

I understand that a 24-hour surveillance system is set-up for my protection, the protection of my child and those being trained & the trainers/employees at this facility. At any time, this may be reviewed to protect both parties if deemed necessary.

### HEALTH/CONTACT WAIVER:

In the event of an emergency I give permission for my child to obtain medical assistance at a cost to myself only and to request that my contact person be notified as soon as possible.

### CONTACT INFORMATION:

\_\_\_\_\_  
**Phone Number** **Email**

\_\_\_\_\_  
**Address**

Is your child currently under physicians care? \_\_\_\_\_

If yes, for what: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

### IN CASE OF EMERGENCY:

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Phone Number**

I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS OF THIS WAIVER:

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**